

FILED JUN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

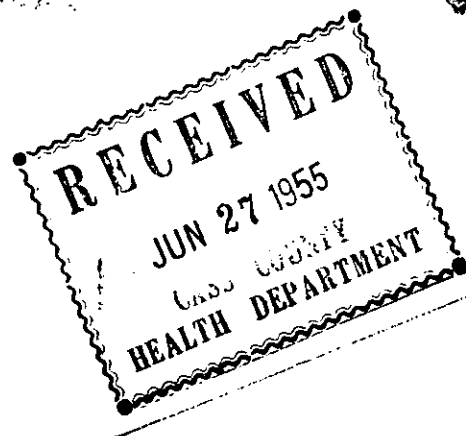
State File No. 17990

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| BIRTH NO. | | REG. DIST. NO. 59 | | PRIMARY REG. DIST. NO. 4097 | | Registrar's No. 78 | |
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> | | c. LENGTH OF STAY (In this place) <u>1 yr</u> | | c. CITY OR TOWN <u>Harrisonville</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1505 Butler Drive</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1505 Butler Drive</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>DELBERT</u> | | b. (Middle) <u>T.</u> | | c. (Last) <u>HULSE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb 4 1878</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. IF UNDER 1 YEAR Months Days <u>0 0</u> | | 11. IF UNDER 14 HRS. Hours Min. <u>0 0</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work in most of working life, even if retired) <u>attorney</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Grove Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Greenville Hulse</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ida Jane Conrad</u> | | 14. NAME OF HUSBAND OR WIFE <u>Agnes Hulse</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>887-60-97154</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Bowman</u> | | ADDRESS <u>Harrisonville Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kidneying edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Insufficiency</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/10 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June 20, 1953</u> to <u>June 21, 1953</u> , that I last saw the deceased alive on <u>June 21, 1953</u> , and that death occurred at <u>3:50 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. E. Fensch</u> | | | | 23b. ADDRESS <u>Harrisonville</u> | | 23c. DATE SIGNED <u>June 23, 1955</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 24 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | | 24d. LOCATION (City, town or county) (State) <u>Harrisonville Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>June 23 1955</u> | | REGISTRAR'S SIGNATURE <u>Dora Barrard</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennettburg</u> | | ADDRESS <u>Harrisonville Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1955



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James R. Phillips*.....

Licensed Embalmer No.....46.

P. O. Address...Harrison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.